

STATE OF NEBRASKA

Department of Health and Human Services
 REGULATION AND LICENSURE – Credentialing Division
 PO Box 94986
 Lincoln, NE 68509-4986
 Telephone #: (402) 471-2117

**APPLICATION FOR A NURSING HOME
 ADMINISTRATOR PROVISIONAL LICENSE**
FEE: \$25.00

SECTION A – PERSONAL INFORMATION				
1	Name:	First:	Middle:	Last:
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number (Optional)			
4	Date of Birth:			
5	Social Security Number:			
➔ Applicant must be at least 21 years of age – To verify age, attach a photocopy of your birth certificate or equivalent documentation				

SECTION B – MORAL CHARACTER					
1	Have you ever been convicted of a misdemeanor or a felony?			Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
	Crime	Date of Conviction	Name and Location of Court		
2	Are you licensed or certified in another state?			Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
If yes, list the profession and state of licensure:					
3	Has disciplinary action been taken against your license in the other state?			Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
	If yes, state date & type of action, name & address of entity taking such action:				
	Action	Date of Action	Name and Location of Entity		
4	Have you ever been denied licensure or been refused renewal?			Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
	If yes, state date & type of action, name & address of entity taking such action:				
	Action	Date of Action	Name and Location of Entity		
➔ IF CONVICTED, SUBMIT official court records which indicate, the circumstances and nature of the conviction, the date of the conviction, the name and location of court where the conviction was issued, the conditions and current disposition of probation, if applicable, treatment records, and other similar documentation which would provide a thorough evaluation of the conviction circumstances or may be requested by the Board.					

SECTION C – INTENDED FACILITY OF EMPLOYMENT – (All applicants must complete this section)		
<input type="checkbox"/>	Name of Facility:	
<input type="checkbox"/>	Address:	
<input type="checkbox"/>	Name of Previous Administrator:	

Make fee payable to Credentialing Division

SECTION D - ATTESTATION

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that :

- ☐ I have not practiced in Nebraska without a nursing home administrator credential prior to this application for licensure; **or**
☐ I have practiced in Nebraska without a nursing home administrator credential prior to this application for licensure.

_____ Number of days in Nebraska prior to July 1, 2004

_____ Number of days in Nebraska after July 1, 2004

Signature of Applicant

Date

PROVISIONAL LICENSURE AS A NURSING HOME ADMINISTRATOR
AFFIDAVIT OF DESIGNATION OF A PROVISIONAL LICENSEE
(Print or Type)

To the Board of Examiners in Nursing Home Administration, State of Nebraska:

I, _____, Chairperson of the Board for _____, state
(Name of Facility)

to the fact that _____ will be designated to fill the position of
(Name of Applicant for Provisional)

nursing home administrator recently vacated by _____.
(Name of Previous Administrator)

Proposed starting date is: _____.

This request is due to: (check the appropriate response below and complete question)

<input type="checkbox"/>	death of the previous administrator	date of death: _____
<input type="checkbox"/>	medical emergency	explain: _____
<input type="checkbox"/>	resignation of the licensed administrator	date of resignation: _____
<input type="checkbox"/>	Other	please explain: _____

Signature of Affiant

Name: _____

Address: _____

Date: _____.

FORWARD THIS COMPLETED FORM TO:

Nebraska Department of Health and Human Services
Regulation and Licensure
Credentialing Division
P.O. Box 94986
Lincoln, NE 68509-4986